

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		2				
5						
6		2				
7		2				
8		1				
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		1				
20		1				
21		1				
22		2				
23		1				
24	1					
25		1				
26		1				
27		2				
28		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	42					
TOTAL CLAIMS	44					

51						
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TOTAL DEP.						
TOTAL CLAIMS						